Redmond Parks & Recreation Department ATHLETIC FACILITY REQUEST FORM

USER GROUP

Organi	zation						Sport						
Contac	t Perso	on	Phone (day)					Phone (eve)					
Addres	ss		City					Zip					
Email Address													
Alterna	ate Con	tact	Phone (day)					Phone (eve)					
PROGRAM/ACTIVITY													
League/Tournament Name					No.					umber of Teams			
Classification: Men Women					Boys	Girls	Ages (for youth only):						
Total anticipated attendance: Number of Individual players													
Will you be selling food, clothing, or other materials during this event?													
FACILITY REQUESTED													
DAY(S)		DATE(S)		FA	FACILITY (include field #'s)			LIGHTS ON	LIGH OF		PLAYING TIME((S)	
FEES	5		<u> </u>									$\overline{}$	
	Application Fee		110.000.000.347.310		(1011)	at	\$10	\$10.00		\$10.00			
	Hours of Use		110.000.000.347.310		(1011)	at	\$18 Res/\$2	18 Res/\$22 Non Res					
	Light Hours		001.000.000.347.320		(1010)	at	\$13 Res/\$1	\$13 Res/\$16 Non Res					
	Premium Use		110.000.000.347.320.010		(1640)	at	\$6 Res/\$8 Non Res		=			_	
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Redm	ond I	Residency	is considered living	g or wo	orking wi	th the	limits of	City of Re	dmor	nd.			
Dleace	make	check nav	able to the CITY OF D	EDMON	JD Paym	ent du	e by						
Please make check payable to the CITY OF REDMOND. Payment due by MAIL TO: Redmond Parks & Recreation MS: ORSPK, PO Box 97010, Redmond WA 98073-9710													
WAIVE agents, of their property	R OF L employ defens y arising	LIABILITY: To ees, and officing in formal of the property out of the property	The group or organization ials, while acting within the avor of the group or organizeremises, or in any way re The group or organization	using a l scope of nization, sulting fr	Redmond Paratheir duties, their employ om the willfu	rks Dep harmles rees or t ul or ne	artment facilit ss from all cau third parties, o gligent acts o	y agrees to hases of action, on account of	nold hai deman persor	rmless that ds, and on al injurion	claims including the es, death or dama	e cost ge to	
Signature(s) Date													